



# General Disclosure/Representation Authorization Form

**1. Taxpayer Information.**

*Enter only those that apply*

Taxpayer name(s) and address (please print or type)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Daytime telephone number \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_  
Social Security Number(s) \_\_\_\_\_  
Arizona Withholding Number \_\_\_\_\_  
Arizona Transaction Privilege Tax License Number \_\_\_\_\_

**2. Appointee Information.**

*Provide one of the following identification numbers*

Name and address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Daytime telephone number \_\_\_\_\_

State and State Bar Number \_\_\_\_\_  
State and Certified Public Accountant Number \_\_\_\_\_  
Internal Revenue Service Enrolled Agent Number \_\_\_\_\_  
Social Security or other ID number (provide number and type) \_\_\_\_\_

**3. Tax Matters.** The appointee is authorized to receive confidential information for the tax matters listed below.

Tax type	Year(s) or period(s)	Type of return/ownership			
Income Tax <input type="checkbox"/>		Individual Joint Return <input type="checkbox"/>	Individual Single Return <input type="checkbox"/>	Corporation <input type="checkbox"/>	
		Partnership <input type="checkbox"/>	Fiduciary-Trust <input type="checkbox"/>	Fiduciary-Estate <input type="checkbox"/>	
Transaction Privilege and Use Tax <input type="checkbox"/>		Individual/Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Trust <input type="checkbox"/>
Withholding Tax <input type="checkbox"/>		Limited Liability Company <input type="checkbox"/>	Limited Liability Partnership <input type="checkbox"/>	Estate <input type="checkbox"/>	
Other (Specify tax type) <input type="checkbox"/>		Specify type of returns(s)/ownership			

**4. Scope of Authorization.** By signing this form, I hereby authorize the Department to release confidential information of the taxpayer(s) named above ("Taxpayer") to the appointee named above ("Appointee") for the tax type and tax year(s)/period(s) specified above.

**Additional Representational Authority:** In addition to authorizing the release of the confidential information of Taxpayer, the following additional representational powers are granted to the Appointee (please check the applicable boxes).

- |      |                          |                          |   |
|------|--------------------------|--------------------------|---|
|      | (Yes)                    | (No)                     |   |
| i.   | <input type="checkbox"/> | <input type="checkbox"/> | .....Appointee shall have the power to sign a statute of limitations waiver on Taxpayer's behalf.   |
| ii.  | <input type="checkbox"/> | <input type="checkbox"/> | .....Appointee shall have the power to execute a protest of a deficiency assessment or agreement thereto on Taxpayer's behalf.  |
| iii. | <input type="checkbox"/> | <input type="checkbox"/> | .....Appointee shall have the power to request a formal hearing on Taxpayer's behalf.   |
| iv.  | <input type="checkbox"/> | <input type="checkbox"/> | .....Appointee shall have the power to execute a closing agreement on Taxpayer's behalf.  |
| v.   | <input type="checkbox"/> | <input type="checkbox"/> | .....Other (please specify) _____   |
| vi.  | <input type="checkbox"/> | <input type="checkbox"/> | .....This instrument shall be a <b>POWER OF ATTORNEY</b> granting Appointee the power to represent Taxpayer, including, pursuant to Rule 31(a)(3) & (4) Ariz. R. Supreme Court, representation at any formal administrative tax proceedings with regard to the above-mentioned tax matters and tax year(s)/period(s). In addition to any limitations indicated above, the following additional limitations apply to Appointee's <b>POWER OF ATTORNEY</b> (please specify):<br>_____ |

**5. Revocation of earlier Authorization(s).** This authorization does not revoke any earlier authorizations or Powers of Attorney on file with the Arizona Department of Revenue unless the following revocation box is checked.   
The revocation will be effective as to all earlier authorizations and Powers of Attorney on file with the Department of Revenue except those specified (please specify) \_\_\_\_\_

**6. Signature of or for Taxpayer.** I hereby certify that the Arizona Department of Revenue is authorized to release any and all confidential information concerning the above-mentioned Taxpayer. By signing this form, I certify that I have the authority, within the meaning of A.R.S. § 42-2003(A), to execute this authorization form on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), estate(s), partnership(s), and/or individual(s). I understand that to knowingly prepare or present a document which is fraudulent or false is a class 5 felony pursuant to A.R.S. § 42-1127(B)(2).

\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature  
  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Print name